APPENDIX A1

HOMELESS FAMILY SOLUTIONS SYSTEM SERVICES (RFP)

STATEMENT OF WORK EXHIBITS

LIST OF ACRONYMS TERMS AND DEFINITIONS

REFER TO

CALWORKS RFP,

APPENDIX B1, SOW EXHIBITS,

EXHIBIT 1

WORKFLOW FOR DMH CLINICIAN AT THE FSCs Family is pre-screened and referred by 211 or a direct referral by DPSS, DMH, DPH, or BOS FSC's FRT screens the family for HCM (or MHC) refers to MHC housing needs/level of service, MHC screens PT for utilizing PA6116 form (Referral etc. MH barrier form must include appraisal status) MENTAL HEALTH **HCM** verifies: CW eligibility/enrollment MH barrier identified? PT returns to HCM. No further WtW eligibility/ enrollment MH action needed GAIN appraisal status MHC informs HCM that PT needs a CLA appointment HCM alerts GSW that MH screening has been MH need is identified by HCM conducted; no further screening by GSW is and/ or FSC FRT/CM, MHC necessary. Any GAIN issues are resolved HCM contacts GSW to schedule an (sanction or appraisal needed) before **ABBREVIATIONS** scheduling CLA appointment. expedited appointment with GSW to PT—Participant open component; HCM alerts GSW MH—Mental Health that CLA appointment is needed **GSW** obtains CLA appointment MHC—Mental Health Clinician GSW faxes copy of 6006A to FRT—Family Response Team within 5-10 days and completes **HCM** FSC—Family Solution Center 6006A; faxes copy to MH provider WtW—Welfare to Work and gives copy to PT GSW—GAIN Services Worker HCM—Homeless Case Manager CW—CalWORKs CLA—Clinical Assessment HCM gives copy of MHC provides follow up with PT, MH Provider, CM—Case Manager 6006A to MHC and FSC; follows case to ensure successful GEARS—GAIN Employment Activity and linkage to MH services Reporting System

DMH PROIVDER DIRECTORY BY SERVICE AREA

http://psbqi.dmh.lacounty.gov/providerdirectory.htm

HFSS Clinician:	Department of Mental Health
Date:	Homeless Family Soulution System

Agency/Site: Service Area:

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HFSS DAILY ACTIVITY	/ LOG
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Participant's Name	DPSS Case-Number	Services/Referral/Disposition

Homeless Family Solution System

Training and Consultation Log

Agency: ______ Service Area: _____ FSC: _____

Service Month:	Menta	l Health Clinician:		
Please document consultations and trainings provided to members of the FSC team and community service providers during the service month. Fax this form monthly to CalWORKs Administration at 213-738-4979 or send via secure email to CEsparza@dmh.lacounty.gov.				
<u>Date</u>	Service Provided (Training or Consultation)	Service Provided To	<u>Location</u>	Content of Consultation/Training

PERFORMANCE REQUIREMENTS	METHOD OF COLLECTION	PERFORMANCE TARGETS
Section 2.2.e. Contractor is required to submit a Daily Activity Log identifying each contact and outcome of each contact to DMH CalWORKs Administration.	DMH CalWORKs Administration will provide contractor a Daily Activity Log form to complete daily, along with a fax number to send to CalWORKs Administration.	Contractors are to submit an HFSS Daily Activity Log documenting all services provided at the FSC site. The report must be submitted via fax or secure email at the end of each work day. CalWORKs Administration will review tracking log and provide feedback to contractor, as needed. Failure to submit will result in a contract discrepancy report.
Section 2.2.j. Contractor will maintain record of all case consultation and trainings provided to members of the FSC team and community service providers.	DMH Administration will provide contractor a Consultation and Training log for contractor's use and will review consultation summaries.	Contractor will submit a monthly Consultation and Training Log to include all FSC case consultation and trainings provided to enhance FSC's outcomes. CalWORKs Administration will review tracking log and provide to the contractor, as needed. Failure to submit will result in a contract discrepancy report.
Section 3.2.4 Contractor's representative to attend all service area, all- provider and FSC meetings as scheduled.	Confirmation of attendance verified on sign-in sheets identifying each contractor/staff at all scheduled meetings.	Contractors to be kept abreast of DMH and DPSS CalWORKs policies and changes. Assistance provided to facilitate contractor's compliance with contract.



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH 550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOV



CONTRACT DISCREPANCY REPORT

10:		
FROM:		
DATES:	Prepared:	
	Returned by Contractor:	
	Action Completed:	
DISCREPA	ANCY PROBLEMS:	
Signature	e of County Representative	Date
CONTRACT	FOR RESPONSE (Cause and Corrective Action):	
Signature	e of Contractor Representative	Date
COUNTY E	VALUATION OF CONTRACTOR RESPONSE:	
Signature	of Contractor Representative	Date
COUNTY A	CTIONS:	
CONTRACT	FOR NOTIFIED OF ACTION:	
County Rep	resentative's Signature and Date	<u>:</u>
Contractor F	Representative's Signature and Date	